



## **VolunTeen Program – Summer 2018 Information**

The Northside Forsyth VolunTeen program offers an excellent educational opportunity for high school teens, ages of 16-18, with an interest in healthcare. Our comprehensive six-week program allows students to experience the total healthcare environment through volunteer service. Each VolunTeen participant is trained and supervised by either a Northside Hospital Forsyth Auxiliary member or a hospital staff member, and assigned to one department. Teens volunteer one day each week for a 4-hour shift and may attend two Lunch and Learn events offered during the summer session. Participants that successfully complete the summer program, by receiving a satisfactory competency from their assigned department and attend at least one Lunch and Learn event, are invited to participate in our fall and spring programs. These students may reapply each year for the summer program as well.

### **2018 Summer VolunTeen Program Dates:**

**June 11, 2018 – July 20, 2018**

### **Application Requirements**

- Must be 16 years of age by January 1, 2018 and enrolled in high school. There are no exceptions to the age requirement.
- Must have an interest in healthcare.
- Must be committed to volunteering for the full six-week period, beginning June 11, 2018 and ending July 20, 2018.
- Must be able to complete one (1) 4-hour shift per week during the 6-week program. Morning and afternoon shifts are available (either 8 a.m. – 12 p.m. or 12 p.m. – 4 p.m.), Monday through Friday only. Weekend and evening shifts are not available options for VolunTeens.
- To receive full credit, participants must be present for the entire 4-hour shift and may only have one (1) excused absence during the six-week program period. No absences are permitted during the first week of the program.
- Must attend the mandatory orientation session on Thursday, May 31, 2018.
- Must attend at least one Lunch and Learn during the six-week program. Lunch and Learns are scheduled for June 19, June 29, July 2 and July 12, and reservations are required.
- Must wear appropriate uniform at all times while volunteering. Uniforms will be discussed at the interview and during orientation.



## **Additional Information**

- ID badges and work placements will be distributed during mandatory orientation.
- VolunTeens will not work on Wednesday, July 4, 2018 in observation of Independence Day.
- Participation letters including number of hours volunteered and invitations for the year-round VolunTeen program are mailed to teens fulfilling the summer program requirements on August 10, 2018.
- Only teens who have volunteered during a summer session are eligible to volunteer during the school year.
- Returning VolunTeens are those who have volunteered with Northside Hospital Forsyth's VolunTeen program previously. Due to program differences, those who have volunteered at other Northside Hospital campuses must be considered new VolunTeens.

If you have additional questions or concerns, please contact Dianne Baker, VolunTeen Coordinator at 770-844-3390 or [aux.volunteens@northside.com](mailto:aux.volunteens@northside.com).




## 2018 VolunTeen Program Application Checklist

Please ensure all application materials are completed fully and submitted appropriately:

- Read through the application and program requirements listed online with your parents, and check your summer commitments for any conflicting dates.
- Complete online application.
- Complete all required printed forms listed below, and place them into one big envelope to ensure all your materials stay together.
  - VolunTeen Agreement
  - Parent/Guardian Agreement
  - Medical History Form
  - Absence Request Form
- Mail your completed packet of forms to:

Northside Hospital Forsyth  
ATTN: Dianne Baker, VolunTeen Coordinator  
1200 Northside Drive  
Cumming, GA 30041

**DEADLINE:** Online applications must be submitted and all printed materials must be received by **3 p.m. on Wednesday, February 28<sup>th</sup>**. Applications postmarked or delivered in-person after the deadline will not be considered.

  
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**AUXILIARY**

## **2018 VolunTeen Program VolunTeen Agreement**

*Northside Hospital Forsyth Auxiliary is a service and fundraising organization dedicated to the support of Northside Hospital, its patients, visitors and the community.*

I understand and accept that in joining the Auxiliary and becoming a volunteer at Northside Hospital Forsyth, I agree to the following:

- To begin volunteering after the May 31, 2018 mandatory orientation.
- To wear my photo identification badge and official uniform at all times when working my service.
- To work once a week, in the service to which I am assigned, at the designated time.
- To give a service commitment of 20-24 hours during the summer session.
- To give advance notice to my department if I cannot come, except in the case of an emergency.
- Joining the auxiliary does not provide an opportunity for job shadowing or internship.

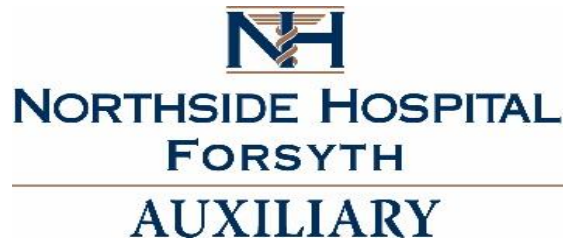
In witness of my signature below, I certify that all information provided in this application is true and correct to the best of my knowledge. I understand that any falsification or significant omission of any information requested herein will be considered sufficient cause for discharge without prior warning at any time during my service with Northside Hospital Forsyth Auxiliary.

I hereby elect and agree to be covered by Northside Hospital's Worker's Compensation Program for any accident or injury sustained during the course of my volunteer service to Northside Hospital, acknowledge that I am not considered an employee for any other purposes, and acknowledge that I am not entitled to any of the other benefits available to employees.

Volunteer Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_



## 2018 VolunTeen Program Parent/Guardian Agreement

*Northside Hospital Forsyth Auxiliary is a service and fundraising organization dedicated to the support of Northside Hospital, its patients, visitors and the community.*

The VolunTeen Program at Northside Hospital Forsyth is a group of young people giving their time and talents to community service in a hospital setting. This program will provide many learning experiences and hours of enjoyment for your teen, but there are many responsibilities expected of our volunteers as well. Both parent and teen should understand the seriousness in adhering to the rules and regulations set forth.

I hereby permit my son/daughter \_\_\_\_\_ to submit this application to join the VolunTeen Program of Northside Hospital Forsyth. If accepted into the program, I acknowledge the responsibilities and commitment involved, and will support my son/daughter in compliance with the associated rules and regulations. I will assume the responsibility for my transportation of my son/daughter.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_



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**2018 VolunTeen Program Medical Form**

**GENERAL INFORMATION**

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Applicant Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Year:    Sophomore    Junior    Senior

**MEDICAL HISTORY**

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List all drugs and medications the applicant is taking: \_\_\_\_\_

\_\_\_\_\_

List any known allergies: \_\_\_\_\_

\_\_\_\_\_

List any serious injuries, illnesses, surgeries or disabilities: \_\_\_\_\_

\_\_\_\_\_

**IN CASE OF EMERGENCY**


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Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**The administration at Northside Hospital Forsyth needs written consent for volunteers to receive emergency treatment in the unlikely event of serious illness or injury when parent or guardian cannot be contacted. In signing below, you grant such consent and affirm that all information on this form is accurate.**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

  
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**AUXILIARY**

**2018 VolunTeen Program Absence Request Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Because continuity is so important to our program, please do not apply to our summer program if you plan to miss more than one (1) shift during the six-week program OR if you cannot attend your first shift the week of June 11, 2018.**

- |  |     |    |
|--|-----|----|
| 1. Will you be available the first week of the summer program? | YES | NO |
| 2. Do you have any absences planned during our summer program? | YES | NO |

If yes, please list the date of your planned absence: \_\_\_\_\_

**Please sign and date this form even if you do not plan to have any absences during our summer program.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 2018 VolunTeen Program Summer Schedule

January	Applications available online
February 2	Deadline for submitting applications by 3pm
March 10 and 17	Interview dates for new applicants
April 4	Decision letters mailed
April 30	Acceptance packet due
May 31	Mandatory orientation, 9 a.m. – 3 p.m.
June 11	Summer Session begins
June 19 and 29	Lunch and Learn – reservations required
July 2 and 12	Lunch and Learn – reservations required
July 4	VolunTeens will not work on Wednesday, July 4, 2018 in observation of Independence Day.
July 20	Summer session ends – all badges and code cards must be returned.
August 10	Participation letters with hours and invitations for the year-round program are mailed to teens fulfilling the summer program requirements.